



Commonwealth of Massachusetts
Group Insurance Commission

Your
Benefits
Connection

STATE EMPLOYEES *and Non-Medicare Retirees and Survivors*

2008-2009



For Changes
Effective
July 1, 2008

GIC Health Plans Benefits-At-A-Glance



Weigh Your Options During Annual Enrollment

- Determine which plans you are eligible for – See your *GIC Benefit Decision Guide*.
- Review the chart and the corresponding plan descriptions for an overview of your health plan options, their structure, and the co-pays and deductibles for frequently used services. Weigh the following:
 - Are there out-of-network benefits and do you need them?
 - Do you prefer having a Primary Care Physician required to coordinate your care?
 - Monthly rates (see *separate rate chart*)
- Contact the plans you are considering to find out:
 - Information on other health plan benefits that are not described in this brochure
 - If your doctors and hospitals are in the network
 - Which co-pay tiers your doctors and hospitals are in
- Attend a GIC health fair and see the GIC's website for additional information.

See Health Plan Locations map on back page.

Additional Contact Information

All UniCare State Indemnity Plans

- Prescription Drug Benefits (Express Scripts): 1.877.828.9744; www.express-scripts.com
- Mental Health/Substance Abuse and EAP Benefits (United Behavioral Health): 1.888.610.9039; www.liveandworkwell.com (access code: 10910)

Navigator by Tufts Health Plan

- Mental Health/Substance Abuse and EAP Benefits (United Behavioral Health): 1.888.610.9039; www.liveandworkwell.com (access code: 10910)



Mark the Date!

Forms are due Friday, May 16 for changes effective July 1, 2008



- **Active employees:** Return completed forms to your GIC Coordinator
- **Retirees:** Return completed forms or write to the GIC

Forms are available through your GIC Coordinator, on our website, and at the GIC health fairs.

This chart is a comparative overview of GIC plan benefits. The UniCare State Indemnity Plan/Community Choice and PLUS are in-network with England and Neighborhood Health Plan. For providers, benefit details are available on the provider website.

HEALTH PLAN	FALLON COMMUNITY HEALTH PLAN DIRECT CARE
PLAN TYPE	HMO
TELEPHONE NUMBER	1.866.344.4442
WEBSITE	www.fchp.org
Primary Care Physician Office Visit – Sick visit <i>(Some plans offer lower co-pays for wellness visits; contact the Plan for details.)</i> ★★★ Tier 1 (excellent) ★★ Tier 2 (good) ★ Tier 3 (standard)	100% after \$10 per visit no tiering no tiering
Specialist Physician Office Visit ★★★ Tier 1 (excellent) ★★ Tier 2 (good) ★ Tier 3 (standard)	100% after \$15 per visit no tiering no tiering
Inpatient Hospital Care – Medical Tier 1 Tier 2	100% after \$200 per admission no tiering
Outpatient Surgery	100% after \$100 per occurrence
Emergency Room Care	100% after \$75 per visit (waived if admitted)
Prescription Drug Co-pays Retail – up to a 30-day supply Tier 1 Tier 2 Tier 3 Other – if applicable	\$10 \$25 \$40 N/A
Mail order – Maintenance drugs – up to a 90-day supply Tier 1 Tier 2 Tier 3 Other – if applicable	\$20 \$50 \$90 N/A
Outpatient Mental Health and Substance Abuse Care	100% after \$10 per visit



are State Indemnity Plan/Basic is available throughout the United States and outside of the country. Benefits described below for the Harvard P benefits. These plans also offer out-of-network benefits with higher out-of-pocket costs. With the exception of emergency care, there are no o ils, exclusions, and limitations, see the Plan handbook or contact the individual plan.

FALLON COMMUNITY HEALTH PLAN SELECT CARE	HARVARD PILGRIM INDEPENDENCE PLAN	HEALTH NEW ENGLAND	NAVIGATOR BY TUFTS HEALTH PLAN	
				
HMO	PPO	HMO	PPO	
1.866.344.4442	1.800.542.1499	1.800.842.4464	1.800.870.9488	
www.fchp.org	www.harvardpilgrim.org/gic	www.hne.com	www.tuftshealthplan.com/gic	
100% after \$10 per visit 100% after \$15 per visit 100% after \$25 per visit	100% after \$15 per visit no tiering no tiering	100% after \$10 per visit 100% after \$15 per visit ¹ 100% after \$25 per visit	100% after \$15 per visit no tiering no tiering	
100% after \$15 per visit 100% after \$25 per visit 100% after \$35 per visit	100% after \$15 per visit 100% after \$25 per visit 100% after \$35 per visit	100% after \$15 per visit 100% after \$25 per visit 100% after \$35 per visit	100% after \$15 per visit 100% after \$25 per visit 100% after \$35 per visit	
Maximum one deductible per calendar quarter or four co-pays per year, depending on plan; deductibles/co-pays waived if f				
100% after \$250 per admission no tiering	100% after \$300 per admission no tiering	100% after \$250 per admission no tiering	100% after \$200 per admission 100% after \$400 per admission	
Maximum one deductible per calendar quarter or four co-pays per year, dependin				
100% after \$125 per occurrence	100% after \$100 per occurrence	100% after \$100 per occurrence	100% after \$100 per occurrence	
100% after \$75 per visit (waived if admitted)	100% after \$50 per visit (waived if admitted)	100% after \$50 per visit (waived if admitted)	100% after \$50 per visit (waived if admitted)	
\$10 \$25 \$40 N/A	\$10 \$20 \$40 N/A	\$10 \$20 \$40 N/A	\$10 \$20 \$40 N/A	
\$20 \$50 \$90 N/A	\$20 \$40 \$90 N/A	\$20 \$40 \$120 N/A	\$20 \$40 \$90 N/A	
100% after \$15 per visit	100% after \$15 per visit	100% after \$15 per visit	100% after \$15 per visit	

¹ Pediatric Physician Office Sick Visit: 100% after \$15 per visit



Not available to Elderly Governmental Retirees (EGRs)
 and GIC Retired Municipal Teachers (RMTs) who do not
 participate in the municipal health-only program.

NHP CARE (Neighborhood Health Plan)	UNICARE STATE INDEMNITY PLAN/ BASIC with CIC (Comprehensive) <i>Without CIC deductibles are higher and coverage is only 80% for some services. Contact the Plan for details.</i>	UNICARE STATE INDEMNITY PLAN/ COMMUNITY CHOICE 	UNICARE STATE INDEMNITY PLAN/PLUS 
HMO	INDEMNITY	PPO-TYPE	PPO-TYPE
1.800.462.5449	1.800.442.9300	1.800.442.9300	1.800.442.9300
www.nhp.org	www.unicare-cip.com	www.unicare-cip.com	www.unicare-cip.com
100% after \$10 per visit 100% after \$20 per visit 100% after \$25 per visit	100% after \$10 per visit 100% after \$20 per visit 100% after \$25 per visit	100% after \$10 per visit 100% after \$20 per visit 100% after \$25 per visit	100% after \$10 per visit 100% after \$20 per visit 100% after \$25 per visit
100% after \$15 per visit 100% after \$25 per visit 100% after \$35 per visit	100% after \$10 per visit 100% after \$20 per visit 100% after \$30 per visit	100% after \$15 per visit 100% after \$20 per visit 100% after \$35 per visit	100% after \$15 per visit 100% after \$20 per visit 100% after \$35 per visit
readmitted within 30 days in the same calendar year. Contact the plan for details.			
100% after \$250 per admission no tiering	100% after \$200 per admission no tiering	100% after \$200 per admission no tiering	100% after \$250 per admission 100% after \$400 per admission
ing on plan. Contact the plan for details.			
100% after \$100 per occurrence	100% after \$100 per occurrence	100% after \$100 per occurrence	100% after \$100 per occurrence
100% after \$75 per visit (waived if admitted)	100% after \$50 per visit (waived if admitted)	100% after \$50 per visit (waived if admitted)	100% after \$50 per visit (waived if admitted)
\$10 \$25 \$45 N/A	\$7 \$20 \$40 \$2 Value	\$7 \$20 \$40 \$2 Value	\$7 \$20 \$40 \$2 Value
\$20 \$50 \$135 N/A	\$14 \$40 \$90 \$4 value \$10 specialty (30-day supply only)	\$14 \$40 \$90 \$4 value \$10 specialty (30-day supply only)	\$14 \$40 \$90 \$4 value \$10 specialty (30-day supply only)
100% after \$10 per visit	100% after \$15 per visit	100% after \$15 per visit	100% after \$15 per visit

Four years ago the GIC began the Clinical Performance Improvement Initiative to improve health care quality while containing costs. The GIC has quantified differences in physician quality and cost efficiency standards. The GIC's health plans use this information to develop benefit designs in which members are given modest co-pay incentives to use better performing providers. For FY09, the Clinical Performance Improvement Initiative for Employee and Non-Medicare Retiree/Survivor Plans will continue to evolve:

Physician office visit co-pays will migrate to three tiers for specialists, as well as Primary Care Physicians in some plans, based on quality and cost efficiency standards. Health plans will tier physicians on the group and individual level, depending on the practice type and data available:

★★★ Tier 1 (*excellent*)

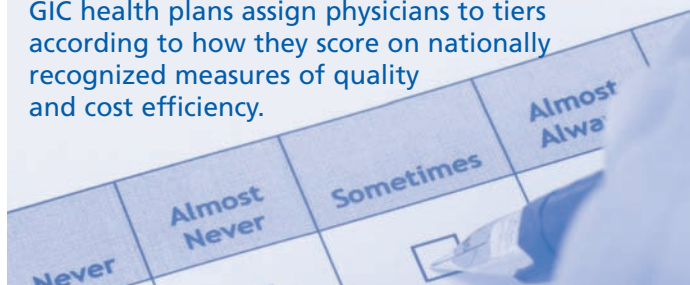
★★ Tier 2 (*good*)

★ Tier 3 (*standard*)

Physicians for whom there is not enough data and non-tiered specialists will be assigned the Plan's Tier 2 co-pay.

How are physician tiers determined?

Based on a thorough analysis of physician claims, GIC health plans assign physicians to tiers according to how they score on nationally recognized measures of quality and cost efficiency.



Fallon Community Health Plan Direct Care (HMO)

- Tiering: Not Applicable – Has Selective Network
- PCP required – yes
- Out-of-network benefits – no

Fallon Community Health Plan Select Care (HMO)

- Tiering: Fallon Community Health Plan tiers network physicians based on quality and cost efficiency standards.
- PCP required – yes
- Out-of-network benefits – no

Harvard Pilgrim Independence Plan (PPO)

- Tiering: Harvard Pilgrim Health Care tiers the following Massachusetts specialists based on quality and cost efficiency standards: Allergists/Immunologists, Cardiologists, Dermatologists, Endocrinologists, Gastroenterologists, General Surgeons, Neurologists, Obstetrician/Gynecologists, Ophthalmologists, Orthopedic Specialists, Otolaryngologists (ENTs), and Rheumatologists.
- PCP required – no
- Out-of-network benefits – yes



Health New England (HMO)

- Tiering: Health New England tiers network Primary Care Physicians and the following specialists based on quality and cost efficiency standards: Cardiologists, Dermatologists, Endocrinologists, Gastroenterologists, Obstetricians/Gynecologists, Orthopedists, Otolaryngologists (ENTs), and Rheumatologists.
- PCP required – no
- Out-of-network benefits – no

Navigator by Tufts Health Plan (PPO)

- Tiering: Tufts Health Plan tiers the following specialists based on quality and cost efficiency standards: Cardiologists, Dermatologists, Endocrinologists, Gastroenterologists, General Surgeons, Neurologists, Obstetricians/Gynecologists, Ophthalmologists, Orthopedic Specialists, Otolaryngologists (ENTs), Rheumatologists, and Urologists. The plan also tiers its hospitals for adult medical/surgical services, obstetrics (OB), and pediatrics based on quality and cost efficiency standards.
- PCP required – no
- Out-of-network benefits – yes



NHP Care – Neighborhood Health Plan (HMO)

- Tiering: Neighborhood Health Plan tiers network Primary Care Physicians and the following specialists based on quality and cost efficiency standards: Cardiologists, Endocrinologists, Gastroenterologists, and Obstetrician/Gynecologists.
- PCP required – yes
- Out-of-network benefits – no

UniCare State Indemnity Plan/Basic (Indemnity Plan)

- Tiering: UniCare tiers Massachusetts physicians based on quality and cost efficiency standards.
- PCP required – no
- Out-of-network benefits – not applicable; the Indemnity Plan is available throughout the U.S. and outside of the country

UniCare State Indemnity Plan/Community Choice (PPO-type)

- Tiering: UniCare tiers Massachusetts physicians based on quality and cost efficiency standards.
- PCP required – no
- Out-of-network benefits – no; all Massachusetts physicians included in Plan

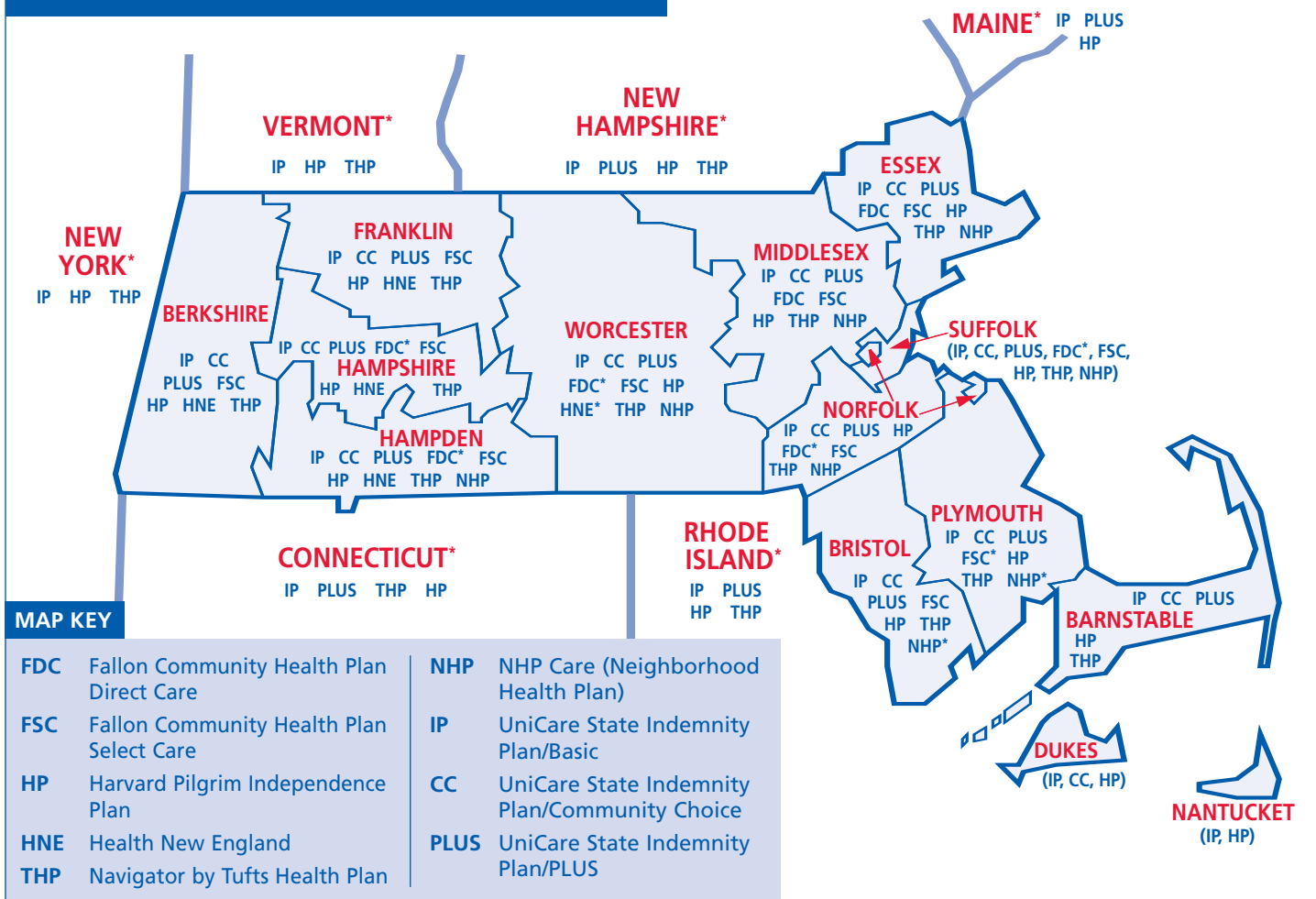


UniCare State Indemnity Plan/PLUS (PPO-type)

- Tiering: UniCare tiers Massachusetts physicians based on quality and cost efficiency standards.
- PCP required – no
- Out-of-network benefits – yes



Is the Health Plan Available in Your Area?



* Plans may not be available in every city and town in this county or state. Call the plans for their specific city and town coverage.



The UniCare State Indemnity Plan/Basic is the only plan offered by the GIC available throughout the United States and out of the country.



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Group Insurance Commission

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